STATE OF MAINE



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333-0135 Office: 242 State Street, Augusta, Maine Tel: (207)287-4179 FAX: 287-6775

Website: www.maine.gov/ethics

STATEMENT OF SOURCES OF INCOME I M.R.S.A. §§ 1016-A et seq.

COVERING THE CALENDAR YEAR JANUARY 1, 2006 THROUGH DECEMBER 31, 2006

	Edward D. Finch	 Please check the appropriate box and fill in the District number.
•	196 Covell Road Fairfield	Member of the Senate, District
ZIP CODE: _	04937	
PHONE NUMBER:	45-3-9476	Member of the House, District

GENERAL INSTRUCTIONS

1. Please file this statement with the Clerk of the House or the Secretary of the Senate by:

5:00 p.m. on February 15, 2007.

- The report covers you, your spouse, and your dependent children.
- 3. Report only specific sources of income. Dollar amounts need not be listed.
- Campaign contributions duly recorded as required by law need not be reported in this statement.
- 5. Attach additional sheets if needed. Label attachments with your name, address, and the date.
- 6. Please sign on Page 4.

- 7. The completed statements will be posted as a 'pdf' on the Commission's website.
- 8. State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information relating to the preceding year. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.

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Disclosure statements are made available to members of the public upon request.

PLEASE REED A CODY OF THIS STATEMENT FOR YOU

Thank you for your cooperation.

PART I. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER. Name each employer from whom you received compensation of \$1,000 or more. Specify also the principal type of economic activity of each employer.

	Name of Employer	Address	Principal Type of Economic Activity of Employer
,	<u> </u>	, , , , , , , , , , , , , , , , , , ,	1 SOLITAGE OF AMARIES, P.S.
1			
2	****	me	
3. —			
PAF A.	Enter the name and add	rith a partnership, firm, professional association	Legislators who are self-employed.) r areas of economic activity from which you derived on, or similar business entity, list the major areas of
	Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
1			
2	· .	non	
3			
В.	\$1,000, whichever is grederived such income. If	eater, and specify the principal type of econom	esents more than 10% of your gross income or nic activity of the entity or person from whom you rule, or an established code of professional ethics, rson from whom the income was derived.
	Name of Source	Address	Principal Type of Economic Activity of Entity or Person Who Is the Source of Income
1		0	
2.		Mond	
3			
ے،		100 00000	
PAR pract	T III. MAJOR AREAS	S OF PRACTICE. (For Legislators who are aw firm, list the major areas of practice of you	attorneys-at-law only.) List your major areas of ir firm.
		· · · · · · · · · · · · · · · · · · ·	
	Name and Address of Fi	- · · · · · · · · · · · · · · · · · · ·	<u>Major Areas of Practice</u> (firm)
1		m Major Areas of Practice	Major Areas of Practice
1 2		Major Areas of Practice (self)	Major Areas of Practice

PART IV. OTHER SOURCES OF INCOME. Name each source of income of \$1,000 or more not listed in Parts I, II, or III of this form. Do not include gifts. If none, so state.

Name of Source	Address	Kind of Income
1. Marie Stare Retiremon	1- System 1	Perred Teacher Rasin
2.		
3		
	ng the reporting period, and list the major ar	mes of creditors for any unsecured loans of each creditor. Decreas of economic activity of each creditor.
•		Principal Type of Economic
Name of Creditor	Address of Creditor	Activity of Creditor
1		
2.		.
3		
aggregate value of more than \$300 from	a a single source. If none, so state.	ft of more than \$300. Include gifts with a
	4	
PART VII. DISCLOSURE OF HO elated to your official duties. If none,	ONORARIA. List the source of any honeso state.	oraria accepted for appearances or speeches
•	N3	<u> </u>
	4	
ART VIII. REPRESENTATION I	BEFORE STATE AGENCIES. Identify ompensation of any amount. If none, so state	each executive branch agency before which
	nla	•
	Mr.	
·	<u>/ / 4</u>	, , , , , , , , , , , , , , , , , , ,

	tify each executive branch agency to which you or a member of excess of \$1,000 during the reporting period. If none, so state.
1	316
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PART X. INCOME RECEIVED BY MEMBERS OF IM	MEDIATE FAMILY.
	income of \$1,000 or more received by your spouse or dependent represented. Do not include gifts. Indicate (S) beside sources of received by dependent(s).
Type of Economic Activity	
Representing Each Source of Income Received	Kind of Income
1	
no	
3	·
4	
•	
***********	***************
appears that a Legislator has willfully filed a false Attorney General. If the Commission determines t statement or has willfully filed a false statement, th interest on every question and shall be precluded for branch of the Legislature, and shall not attempt to	hat a Legislator has willfully failed to file a required e Legislator shall be presumed to have a conflict of rom voting on any question in committee or in either influence the outcome of any question. A Legislator bject to a civil penalty not to exceed \$1,000, payable to
	1/0-1-
Signature	